

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS436AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/10/2009
NAME OF PROVIDER OR SUPPLIER QUALITY GUEST HOME 2		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 PLACITA AVENUE LAS VEGAS, NV 89121		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 28384</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 12/10/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for five Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a re-survey grade of A.</p>	Y 000		
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 12/10/09, the facility failed to ensure 2 of 3 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #1 - missing the annual tuberculosis (TB) symptom surveillance form and Employee #3 - missing annual TB test). This was a repeat deficiency from the 7/28/09 State Licensure survey. Severity: 2 Scope: 3	Y 103			
Y 179 SS=D	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation on 12/10/09, the facility failed to provide screens on all of the windows to prevent the entry of insects. (The window in the kitchen that opened into the laundry room was missing a screen). Severity: 2 Scope: 1	Y 179			
Y 895 SS=B	449.2744(1)(b)(1) Medication / MAR	Y 895			

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Y 895	<p>Continued From page 2</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(1) The type of medication administered;</p> <p>(2) The date and time that the medication was administered;</p> <p>(3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and</p> <p>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 12/10/09, the facility failed to ensure the medication administration record (MAR) was accurate for 2 of 4 residents (Resident #3 and #4).</p> <p>Findings include: The surveyor arrived at 11:00 a.m. and observed the following MAR errors: Resident #3 - the MAR was not initialed for the 8 AM dose of Atenolol and Levothyroxin although the resident reported they had received the medication. Resident #4 - the MAR was initialed for an 8 PM</p>	Y 895			

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Y 895	Continued From page 3 dose of Sertraline and the resident had not yet received the medication. This was a repeat deficiency from the 7/28/09 State Licensure survey. Severity: 1 Scope: 2	Y 895			

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